

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90071 011 \*\*\*150.00

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01032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P32968</b> 1. Entity Name <b>REGENCY WINDSOR MANAGEMENT, INC.</b>					
Principal Place of Business <b>1101 18TH PLACE VERO BEACH, FL 32960</b>			Mailing Address <b>PO BOX 1477 VERO BEACH, FL 32961</b>		
2. Principal Place of Business - No P.O. Box # <b>2935 20th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2935 20th Street</b> Suite, Apt. #, etc.			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>		4. FEI Number <b>37-1139254</b>	
Zip <b>32960</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAMBERT, PHILIP A. 1101 18TH PLACE VERO BEACH, FL 32960</b>			7. Name and Address of New Registered Agent Name <b>LAMBERT PHILIP A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2935 20TH STREET</b>  City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32960</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE VCVD NAME LAMBERT, PHILIP A. STREET ADDRESS 1101 18TH PLACE CITY-ST-ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE VCVD NAME LAMBERT PHILIP A. STREET ADDRESS 2935 20TH STREET CITY-ST-ZIP VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME LOHUIS, NEAL R. STREET ADDRESS 1101 18TH PLACE CITY-ST-ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE STD NAME LOHUIS NEAL R. STREET ADDRESS 2935 20TH STREET CITY-ST-ZIP VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DC NAME LAMBERT, ROY H. STREET ADDRESS 1101 18TH PLACE CITY-ST-ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE DC NAME LAMBERT ROY H. STREET ADDRESS 2935 20TH STREET CITY-ST-ZIP VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PURDIE, JOHN A STREET ADDRESS 1101 18TH PLACE CITY-ST-ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE PD NAME PURDIE JOHN A STREET ADDRESS 2935 20TH STREET CITY-ST-ZIP VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			Neal R Lohuis Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/18/07</b> Daytime Phone # <b>(772) 778 8240</b>		